CITY AND COUNTY OF MONTGOMERY PERSONNEL

27 Madison Avenue Montgomery, AL 36104 Jobline: 334/241-2217 Telephone: 334/241-2675 Fax: 334/241-2219

www.montgomerypersonnel.com

MARKETING & PUBLIC RELATIONS MANAGER (City)
PUBLIC INFORMATION OFFICER (County)
DIRECTOR OF PUBLIC RELATIONS (MHA)
\$37,245 - \$53,018

06CI7580 11/14/06

NATURE OF WORK: Employees in these classifications are responsible for creating and designing documents, coordinating projects with vendors, disseminating information, coordinating or assisting in the coordination of special events and programs, administering County website, developing and executing short and long-term public relation strategies, and performing various other administrative duties. The complete job description may be obtained from the Personnel website or the Personnel Department.

<u>MINIMUM QUALIFICATIONS</u>: Bachelor's degree with major course work in journalism, communications, public affairs, or a related field and two years of experience in the field of public affairs, public relations, public and internal information, journalism or communications, or an equivalent combination of education and experience.

<u>HOW TO APPLY</u>: Applications may be obtained from the Montgomery City-County Personnel Department, State Employment Offices, or downloaded from the Personnel website. Resumes may be attached to the application, but will not be accepted in the place of a completed application form. **The application must be filed with the Montgomery City-County Personnel Department, 27 Madison Avenue, Montgomery, AL 36104.** No person or departments are authorized to accept applications except the Personnel Department. Applications may be delivered in person, by hand-mail, by the U.S. postal service or any other mail delivery service, or by facsimile (334-241-2219).

CLOSING DATE: Completed application will be accepted until 5:00 p.m., December 6, 2006.

KIND OF EXAMINATION: Applications are being accepted to fill one vacancy and any other vacancies that may occur during the life of the register with the City of Montgomery, County of Montgomery, and Montgomery Housing Authority. The City has three departments which have Marketing and Public Relations Manager positions. The departments with the City are the Montgomery Museum of Fine Arts, Montgomery Parks and Recreation and the Montgomery Zoo. The current vacancy is with the **City of Montgomery, Museum of Fine Arts.** Applicants will be screened and qualified based on education and experience as shown on the application. For this reason, applicants are urged to fill in the application form completely providing detailed information concerning the kinds of jobs they have held, the dates they held them, where and exactly what their duties were. If there are more than five qualified applicants, an assessment will be administered in order to rank applicants on the employment register and tied scores will not be broken. Qualified applicants will receive more detailed information regarding the assessment after the closing date. If there are five or less qualified applicants, they will be considered equally qualified and placed on the register in alphabetical order.

BENEFITS: Employees are offered a competitive benefits package which includes health, dental, and life insurance, paid annual and sick leave, paid holidays, and a retirement program.

EMPLOYMENT WITH THE CITY OF MONTGOMERY, MONTGOMERY COUNTY AND MONTGOMERY HOUSING AUTHORITY IS CONDITIONAL UPON THE POTENTIAL EMPLOYEE PASSING A PRE-EMPLOYMENT DRUG TEST. (The drug test may require the submission of a sample of hair, finger nails, and/or urine that will verify illegal drug use.)

Equal Employment Opportunity Policy & General Information - See reverse side

GENERAL INFORMATION MONTGOMERY CITY AND COUNTY MERIT SYSTEM EXAMINATION

PRIOR TO YOUR EMPLOYMENT, YOU WILL BE REQUIRED TO PROVIDE TO YOUR EMPLOYER DOCUMENTATION OF YOUR IDENTITY AND EMPLOYMENT ELIGIBILITY IN ORDER TO COMPLY WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986.

EQUAL EMPLOYMENT OPPORTUNITY

Discrimination against any person in recruitment, examination, appointment, training, promotion, retention, discipline, or any other aspect of personnel administration because of political or religious opinions or affiliations or because of race, national origin, or any other non-merit factors is prohibited. Discrimination on the basis of age, sex, or physical disability is prohibited except where specific age, sex, or physical requirements constitute a bona fide occupational qualification necessary to proper and efficient administration.

REQUEST FOR ACCOMMODATION

Under the Americans with Disabilities Act, it is the responsibility of the applicant with a disability to request accommodation which he/she requires in order to participate in the application or examination process. The Personnel Department reserves the right to require documentation of the need for accommodation under the ADA. In order to request accommodation in the application or testing process, contact the Personnel Director or Assistant Personnel Director at (334) 241-2675.

HOW DOES A PERSON QUALIFY?

Each person must meet the requirements listed in the MINIMUM QUALIFICATIONS part of the examination announcement. DESCRIBE YOUR QUALIFICATIONS AS COMPLETELY AND ACCURATELY AS POSSIBLE. Applications must be completely filled out and received in the Office of the Personnel Department, 27 Madison Avenue, not later than 5:00 P.M. on the closing date specified on the front of this announcement. Applications may be delivered in person, by hand-mail, by the U.S. Postal Service or any other mail delivery service, or by facsimile. Late applications and applications containing false statements will result in disqualification. You will be notified of acceptance of your application.

EXAMINATION

The examination may consist of a written test, a performance test, an evaluation of training and experience, an oral examination, or a combination of these. Applicants who meet the minimum qualifications will be notified when and where to report for examination, if required.

ELIGIBLE REGISTERS

Candidates who successfully complete all phases of the examination process are placed on a register of eligible candidates and will be notified of their standing on the Eligible Register as soon as practicable. Register information is not given out over the phone in order to protect candidate privacy. Candidates who are not available for employment or refuse employment may be placed in inactive status. Requests to be placed back on active status will be granted when the candidate is available for employment IF made in writing and IF the register is still active.

APPOINTMENT

Appointments are made by the City, County, Housing Authority, and Airport Authority, not the Personnel Department. When a vacancy occurs, the eligible register containing the names of the appropriate number of eligible candidates is provided to the requesting department by the Personnel Department for selection. Applicants who are not selected or who are not removed from the register remain on the Eligible Register for a maximum of two years or until there are less than five eligible candidates to select from and a new register must be established. Appointments are ordinarily made at the minimum salary of the salary range for the class.

WHAT IS THE PROBATIONARY PERIOD?

All appointments to permanent positions are made for a probationary period of not less than six months, except police officers who have a one-year probationary period. This working test period is to determine if the work and work habits of the employee are satisfactory and if the employee merits permanent appointment.

MONTGOMERY CITY-COUNTY PERSONNEL DEPARTMENT

Application for Employment
27 Madison Avenue
Montgomery, AL 36104

Jobline (334) 241-2217 Fax (334) 241-2219 Telephone (334) 241-2675

www.montgomerypersonnel.com

General Instructions: Applications are only accepted for a position **when** a job announcement is posted. Read the job announcement to determine if you meet the minimum qualifications for the position. A separate Montgomery City-County application form must be submitted for each position. Copies are accepted. A resume may be attached, but may not take the place of the Montgomery City-County Application. An application or resume cannot be returned and the Personnel Department cannot make copies for you. Please type or write clearly in blue or black ink.

The completed application and supplemental questionnaire, if any, must be filed with the Montgomery City-County Personnel Department. No other persons or department are authorized to accept applications except the Personnel Department. Applications may be delivered in person, by hand-mail, by the U.S. Post Office or any other mail delivery service, or by facsimile. It is up to you to ensure that your application is received by the closing date listed on the job announcement. If an announcement is "open until the needs are met" the Personnel Department may stop accepting applications for the position at any time without further notice.

According to the Americans with Disabilities Act, it is the responsibility of the applicant with an ADA-covered disability to request accommodation which he/she requires in order to participate in the application or examination process. It is the policy of the Personnel Department to require documentation of the ADA-covered disability and the need for accommodation.

You will receive written notice if your application has been accepted or rejected. You will also be notified when and where to report to take an examination, if required. Applicants who meet all the job requirements are placed on an eligible register which may remain in effect up to two years, unless exhausted sooner. Please notify the Personnel Department of any changes in your name, address, telephone number(s) or email address. Prior to your employment you will be required to provide documentation of your identity and employment eligibility in order to comply with the Immigration Reform and Control Act of 1986. Applicants for certain jobs may be required to submit to a complete background check, or a conditional offer drug test or medical examination.

Veteran's Preference. Preference in open competitive examinations will be given for veterans, to their widow or widower and to the spouse of a totally disabled veteran. A veteran is defined as a person who served in the military service during any war or conflict in which the United States was engaged and who was discharged or released from service under conditions other than dishonorable. It does not include those who serve an initial period of active duty training in the Reserve or National Guard. Preference Points will be applied to the passing score in an open competitive examination. Veteran's Preference Points may be claimed on the Supplemental Applicant Data Form found on page 5 of this application.

Equal Employment Opportunity: Discrimination against any person in recruitment, examination, appointment, training, promotion, retention, discipline, or any other aspect of personnel administration because of political or religious affiliations or because of race, national origin, or any other non-merit factors is prohibited. Discrimination on the basis of age or sex or physical disability is prohibited except where specific age, sex, or physical requirements constitute a bona fide occupational qualification for proper and efficient administration.

Title of Position _	Date Filed

Revised May 2006

Accepted	Rejected	Accepted	Rejected
Ed.:		Test 1:	
Exp.:		Test 2:	
Other:	•	Final Rank:	

FITLE	OF	POS	SITI	ON
--------------	----	-----	------	----

Name									
Last			First				Middle		
Address Mailing Address									
City				State	;		Zip Code		
Telephone Numbers Home W	Vork			Cell		Email Ad	dress		
Home ,	YES	z N	[0			Lillan 7 Co	YES	NO	
If you are under 18 years of age, can you provide required proof of your eligibility to work?	_		☐ Are	you current subject to re	ly on "lay-of ecall?	f" status			
Have you ever been employed with us before? if yes give date.			Have to res		een discharg	ed or forced			
Are you compatity applicated			On w	hat date wo	ould you be a	vailable for work:			
Are you currently employed? May we contact your present employer?			Are v	ou availabl ull Time	e to work: () Part Tin	ne () Shift Work	() Temporary		
References: List three reliable persons, not	t relativ	es or en	nployers,	who kno	w you wel	l enough to give	information abou	t you.	
Name			e Address/		-		Occupation		
Education Instructions: Unless specifical obtained by the closing date of the announ special course work may be required to produce Attach additional sheets if necessary. High School Diploma Yes No GED Certificate Yes No Name and location of high school	cemen ovide d H	t. Applocument	icants for	position lease do	ns which not abbro	require a diplor	ma, certificate, d	legree or	
Name and location of college or technical school(s)			ed Hours Semester	Did you Yes	graduate? No	Type of degre received	ee Major/N	/linor	
Profession or Technical Certificate or Licence:									
Do you possess a valid Ala. Driver's License?	□ No	□ Y	es CDI	□ No	☐ Yes	Class			

APPLICANT CERTIFICATION- By submitting this application and any attachments, I hereby certify that these documents contain no false information and are complete, truthful and accurate to the best of my knowledge. I understand that I may be disqualified if I am not thorough and accurate in completing this form. I also understand that should an investigation disclose that I have given false or misleading information on this form or its attachments, my application may be rejected, my name may be removed from an eligible register and I may be disqualified from applying for future employment through the Montgomery City-County Personnel Department. If I am already employed, I may be dismissed from employment.

WORK HISTORY

Work History Instructions: Please read carefully. In the areas below please list all of your work experience, beginning with your current or most recent job. Military and related volunteer work should be included here. Please do not use abbreviations, initials or military jargon when stating your experience. If you need more space, attach extra copies of this page. Each time you change jobs or job titles, you should list them separately, even if your employer did not change. It is important that you provide complete and accurate information about the employer, the date of your employment, your job duties and your level of responsibility, including the number and title of any employees you supervised, equipment you operated and any other relevant information which will assist us in evaluating your qualifications for the job you are applying for. If you do not show the month and year you began and ended each job, you will not receive full credit for your experience.

Name of employer:		Dates employed (g	ive month and year)	Total Number of Months
Address:		From: /	To: /	
Telephone No.:		Salary or earnings:		Average Number of hrs. per wk.
Supervisor:		Starting \$ Ending \$	per per	
Exact title of your job	No. and job titles of supervise(d)	<u> </u>	Your reason for war	nting to leave
DESCRIPTION OF WORK:				
Name of employer:		Dates employed (a	ive month and year)	Total Number of Months
Address:		From: /	To: /	Total Pulliber of Wolfalis
Telephone No.:		Salary or earnings:		Average Number of hrs. per wk.
Supervisor:		Starting \$ Ending \$	per per	Twenty Trumber of ms. per wk.
Exact title of your job	No. and job titles of supervise(d)	any employees you	Your reason for war	nting to leave
DESCRIPTION OF WORK:				
Name of employer:		Dates employed (g	ive month and year)	Total Number of Months
Address:		From: /	To: /	
Telephone No.:		Salary or earnings:		Average Number of hrs. per wk.
Supervisor:		Starting \$ Ending \$	per per	
Exact title of your job	No. and job titles of supervise(d)	any employees you	Your reason for war	nting to leave
DESCRIPTION OF WORK:	,			

WORK H	ISTOR	Y
--------	-------	---

Name of employer:		Dates employed (g	ive month and year)	Total Number of Months
Address:		From: /	To: /	
Telephone No.:		Salary or earnings:		Average Number of hrs. per wk.
Supervisor:		Starting \$	per	
	+	Ending \$	per	
Exact title of your job	No. and job titles of a	ny employees you	Your reason for war	nting to leave
	supervise(d)			
DESCRIPTION OF WORK:				
N f		D. t 1 / .	·	Tetal Newslaw of Manda
Name of employer:			ive month and year)	Total Number of Months
Address:		From: /	To: /	
Telephone No.:		Salary or earnings:		Average Number of hrs. per wk.
Supervisor:		Starting \$	per	
	N 1:1:1:1 C	Ending \$	per	
Exact title of your job	No. and job titles of a	iny employees you	Your reason for war	nting to leave
	supervise(d)			
DESCRIPTION OF WORK:				
Name of appleven		Datas amployed (a	ive month and year)	Total Number of Months
Name of employer:			ive month and year)	Total Number of Months
Name of employer: Address:		From: /	To: /	
		From: / Salary or earnings:	To: /	Total Number of Months Average Number of hrs. per wk.
Address:		From: / Salary or earnings: Starting \$	To: /	
Address: Telephone No.: Supervisor:	No and job titles of a	From: / Salary or earnings: Starting \$ Ending \$	To: / per per	Average Number of hrs. per wk.
Address: Telephone No.:	No. and job titles of a supervise(d)	From: / Salary or earnings: Starting \$ Ending \$	To: /	Average Number of hrs. per wk.
Address: Telephone No.: Supervisor:	No. and job titles of a supervise(d)	From: / Salary or earnings: Starting \$ Ending \$	To: / per per	Average Number of hrs. per wk.
Address: Telephone No.: Supervisor:		From: / Salary or earnings: Starting \$ Ending \$	To: / per per	Average Number of hrs. per wk.
Address: Telephone No.: Supervisor: Exact title of your job		From: / Salary or earnings: Starting \$ Ending \$	To: / per per	Average Number of hrs. per wk.
Address: Telephone No.: Supervisor: Exact title of your job		From: / Salary or earnings: Starting \$ Ending \$	To: / per per	Average Number of hrs. per wk.
Address: Telephone No.: Supervisor: Exact title of your job		From: / Salary or earnings: Starting \$ Ending \$	To: / per per	Average Number of hrs. per wk.
Address: Telephone No.: Supervisor: Exact title of your job		From: / Salary or earnings: Starting \$ Ending \$	To: / per per	Average Number of hrs. per wk.
Address: Telephone No.: Supervisor: Exact title of your job		From: / Salary or earnings: Starting \$ Ending \$	To: / per per	Average Number of hrs. per wk.
Address: Telephone No.: Supervisor: Exact title of your job		From: / Salary or earnings: Starting \$ Ending \$	To: / per per	Average Number of hrs. per wk.
Address: Telephone No.: Supervisor: Exact title of your job DESCRIPTION OF WORK:		From: / Salary or earnings: Starting \$ Ending \$ uny employees you	To: / per per Your reason for war	Average Number of hrs. per wk.
Address: Telephone No.: Supervisor: Exact title of your job DESCRIPTION OF WORK: Name of employer:		From: / Salary or earnings: Starting \$ Ending \$ uny employees you Dates employed (g	To: / per per Your reason for war ive month and year)	Average Number of hrs. per wk.
Address: Telephone No.: Supervisor: Exact title of your job DESCRIPTION OF WORK: Name of employer: Address:		From: / Salary or earnings: Starting \$ Ending \$ Iny employees you Dates employed (g From: /	To: / per per Your reason for wan ive month and year) To: /	Average Number of hrs. per wk. nting to leave Total Number of Months
Address: Telephone No.: Supervisor: Exact title of your job DESCRIPTION OF WORK: Name of employer: Address: Telephone No.:		From: / Salary or earnings: Starting \$ Ending \$ Iny employees you Dates employed (g From: / Salary or earnings:	To: / per per Your reason for wan ive month and year) To: /	Average Number of hrs. per wk.
Address: Telephone No.: Supervisor: Exact title of your job DESCRIPTION OF WORK: Name of employer: Address:		From: / Salary or earnings: Starting \$ Ending \$ Iny employees you Dates employed (g From: / Salary or earnings: Starting \$	To: / per per Your reason for wan ive month and year) To: / per	Average Number of hrs. per wk. nting to leave Total Number of Months
Address: Telephone No.: Supervisor: Exact title of your job DESCRIPTION OF WORK: Name of employer: Address: Telephone No.: Supervisor:	supervise(d)	From: / Salary or earnings: Starting \$ Ending \$ Iny employees you Dates employed (g From: / Salary or earnings: Starting \$ Ending \$	To: / per per Your reason for wan ive month and year) To: / per per	Average Number of hrs. per wk. Total Number of Months Average Number of hrs. per wk.
Address: Telephone No.: Supervisor: Exact title of your job DESCRIPTION OF WORK: Name of employer: Address: Telephone No.:	No. and job titles of a	From: / Salary or earnings: Starting \$ Ending \$ Iny employees you Dates employed (g From: / Salary or earnings: Starting \$ Ending \$	To: / per per Your reason for wan ive month and year) To: / per	Average Number of hrs. per wk. Total Number of Months Average Number of hrs. per wk.
Address: Telephone No.: Supervisor: Exact title of your job DESCRIPTION OF WORK: Name of employer: Address: Telephone No.: Supervisor: Exact title of your job	supervise(d)	From: / Salary or earnings: Starting \$ Ending \$ Iny employees you Dates employed (g From: / Salary or earnings: Starting \$ Ending \$	To: / per per Your reason for wan ive month and year) To: / per per	Average Number of hrs. per wk. Total Number of Months Average Number of hrs. per wk.
Address: Telephone No.: Supervisor: Exact title of your job DESCRIPTION OF WORK: Name of employer: Address: Telephone No.: Supervisor:	No. and job titles of a	From: / Salary or earnings: Starting \$ Ending \$ Iny employees you Dates employed (g From: / Salary or earnings: Starting \$ Ending \$	To: / per per Your reason for wan ive month and year) To: / per per	Average Number of hrs. per wk. Total Number of Months Average Number of hrs. per wk.
Address: Telephone No.: Supervisor: Exact title of your job DESCRIPTION OF WORK: Name of employer: Address: Telephone No.: Supervisor: Exact title of your job	No. and job titles of a	From: / Salary or earnings: Starting \$ Ending \$ Iny employees you Dates employed (g From: / Salary or earnings: Starting \$ Ending \$	To: / per per Your reason for wan ive month and year) To: / per per	Average Number of hrs. per wk. Total Number of Months Average Number of hrs. per wk.
Address: Telephone No.: Supervisor: Exact title of your job DESCRIPTION OF WORK: Name of employer: Address: Telephone No.: Supervisor: Exact title of your job	No. and job titles of a	From: / Salary or earnings: Starting \$ Ending \$ Iny employees you Dates employed (g From: / Salary or earnings: Starting \$ Ending \$	To: / per per Your reason for wan ive month and year) To: / per per	Average Number of hrs. per wk. Total Number of Months Average Number of hrs. per wk.
Address: Telephone No.: Supervisor: Exact title of your job DESCRIPTION OF WORK: Name of employer: Address: Telephone No.: Supervisor: Exact title of your job	No. and job titles of a	From: / Salary or earnings: Starting \$ Ending \$ Iny employees you Dates employed (g From: / Salary or earnings: Starting \$ Ending \$	To: / per per Your reason for wan ive month and year) To: / per per	Average Number of hrs. per wk. Total Number of Months Average Number of hrs. per wk.
Address: Telephone No.: Supervisor: Exact title of your job DESCRIPTION OF WORK: Name of employer: Address: Telephone No.: Supervisor: Exact title of your job	No. and job titles of a	From: / Salary or earnings: Starting \$ Ending \$ Iny employees you Dates employed (g From: / Salary or earnings: Starting \$ Ending \$	To: / per per Your reason for wan ive month and year) To: / per per	Average Number of hrs. per wk. Total Number of Months Average Number of hrs. per wk.

MONTGOMERY CITY AND COUNTY PERSONNEL DEPARTMENT SUPPLEMENTAL APPLICANT DATA FORM

TO THE APPLICANT: The Civil Rights Act of 1964, as amended, prohibits discrimination in employment because of race, color, religion or national origin, the Age Discrimination in Employment Act (ADEA), as amended, prohibits discrimination because of age with respect to indiviously who are at least 40 years of age. The information requested is used solely for Equal Opportunity reporting, personnel research, and for bona fide occupational qualifications or other legally permissible reasons, and will be kept in a **CONFIDENTIAL FILE** separate from the application for employment.

TITLE OF I	POSITION		JOB ANNOUNCEME	NT#
NAME:	LAST	FIRST	MIDDLE	
SOCIAL SE	CCURITY NUMBER	R	DATE OF BIRTH	
Male () Female	Citizen of USA or alien authorized	to work in USA? () Yes ()	No
White (c group (check one): () Black () H d you to apply for Ci		der () American Indian	
Newspape Radio Communi Other (Sp	ity Announcement	() AL State Employment A() City-County Employee() College Placement Offic	() Bulletin B	
		Veteran's Preferen	ce Points	
		check the type below. Attach copies e page one of application for Veteran	(which will not be returned) of the re's Preference Policy.	equired documents to your
he U.S. was en Requires DD2 1	gaged and who was d	ischarged or released from service using dates of service and type of discl	erved in the active millitary during are nder conditions other than dishonoral narge. If this has been submitted pre-	ble.
compensation for	or the disability. Requ		e connected disability and who receivable and letter of disability from VA of	_
		points) - Available to a person who is equires DD214 or other document a	currently married to a veteran who is above and VA letter of disability .	totally disabled and there-
		points) - Available to the spouse of and a marriage certificate . Cannot	a veteran who died or was killed in be claimed if spouse remarries.	the line of duty. Requires

() I am not eligible for Veteran's preference points.